FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M75652

(1)

Mailing Address

ASSOCIATES TRADE BINDERY, INC.

FILED May 04 1998 8:00am Secretary of State

 DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified

2637 24TH STREET NO. 8T. PETERSBURG FL 33713		2637 24TH STREET NO. ST. PETERSBURG FL 337	713	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
•				04/04/1988			
2. Principal Place of Business		2a, Mailing Address		4, FEI Number	Applied For		
21		26		59-2883721	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		e, Continuate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip Country		28	Country	Trust Fund Contribution	Added to Fees		
24	25	 	30	8. This corporation owes or has paid the c			
9, Name and Address of Current F		29 ent Registered Agent	[30]	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			
KORNS, D. J. 81 Name							
	SOCIATES TRADE BINDERY, H	NC.	90 0	Mary 100 0 10 10 10 10 10 10 10 10 10 10 10			
2637-24TH STREET N.			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			
	PETERSBURG FL 33713		83				
34.			84 City				
			1.1	FI	L 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or printer name of registered a	ND DIRECTORS (NOTE	Registered Agent signature reg		ID DIDEOTORO IV. 40		
TITLE	DPS OFFICERS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change		
NAME	KORNS, D. J.		1.2 NAME		E Strainge E Addition		
STREET ADDRESS	2637-24TH STREET N.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	•			
TITLE	1	DELETE	2.1 TITLE		Change Addition		
NAME	KORNS, D. J.		2.2 NAME				
STREET ADDRESS	2637-24TH STREET N.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	•			
TITLE	V	DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	KORNS, DEBRA		3.2 NAME		İ		
STREET ADDRESS	2837-24TH STREET N.		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TiTLE		Change Addition		
NAME			4. 2 NAME		ĺ		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition		
NAME			62 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY OF 71D			0.4.0777.07.770		1		

14. Thereby certify that the information supplied windicated on this annual report or supplement officer or director of the corporation or the policy Block 12 or Block 13 if changes or an agentia. This filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information vannual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: